

about them. During her tenure, Renee has obtained new computers for the library, laboratory and the college office; improved the functioning of the program office for the teachers and students; expanded the technology initiative for all the content areas; opened a Saturday community school for students and parents to have an opportunity to learn; and opened the pool and gym on Saturdays so students and their parents can go swimming.

It is clear that Ms. Pollack has a vision for Bushwick High School and its surrounding community. I have no doubt that she will leave an indelible mark on all the teachers, students and parents that she will come in contact with.

Mr. Speaker, please join me in congratulating Renee Pollack for all of her achievements, for being a woman who dares to be different, and for showing young women everywhere that they can do and accomplish anything.

#### MANAGED CARE AND MENTAL HEALTH/SUBSTANCE ABUSE: A NATIONAL DISGRACE

#### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. STARK. Mr. Speaker, managed care does many things well and some things poorly. It has been my impression that its major failing lies in the area of mental health and substance abuse services—and the following report submitted to the Congressional Budget Office in October 1997 by J. Wrich & Associates, Inc. (JWA) confirms that impression.

The report, which describes a pattern of lying about services, malpractice, and profiteering at the expense of some of the sickest in our society, is a call to action. As we consider managed care consumer protection and quality legislation, we need to provide special protections in the mental health and substance abuse sectors.

In the coming weeks, I will be proposing legislation to address some of the issues so well-raised by the Wrich report. Portions of this report follow:

##### A. OVERSTATED PROGRAM UTILIZATION

There was a tendency with providers audited to overstate utilization. In some instances multiple patient numbers were assigned to the same patients. One provider issued a new case number each time it authorized additional care. In other instances, case numbers were assigned on an annual basis, thereby enrollees were counted more than once if they received services in two or more calendar years.

In one audit the utilization reported by the contractor to the customer was: 5085 patients.

The audit found utilization to be: 3495 patients.

Variation—overstated utilization reported vs. actual: 45%.

##### B. TIMELINESS OF SERVICE

J. Wrich & Associates has consistently found timeliness of service to fall far outside the contractors' written standards.

Typically the contractor's written standards fall within the following parameters:

Routine cases shall receive service within 5 days;

Urgent cases shall receive service within 24 hours;

Emergency cases shall receive service within 2 hours.

This computes to a blended average standard for elapsed time of 4.32 days.

Actual performance in audits JWA has conducted ranged from 8.5 to 19.3 days.

Variation—Contractor's written standards computed to a blended average vs. the blended average of actual waiting time for care: 97% to 347%.

##### C. NETWORK DEVELOPMENT

###### Coverage

Coverage is frequently spotty. Where managed behavioral health care serve employee groups in multiple locations, JWA finds considerable unevenness in provider network development and accessibility. In the case of one managed behavioral health care company serving a statewide enrollee group, the contractor's proposal and initial agreement called for a minimum of one chemical dependency and one mental health provider in each county. Two years into the contract, gaps in the provider coverage were found to be as follows:

Findings	Counties not covered (%)	Enrollees not covered (%)
No providers at all .....	15	6
No mental health providers .....	16	7
No substance abuse providers .....	32	19
No adolescent/child providers .....	25	12

In this case, the customer paid the full premium for 100% of the plan's enrollees during that time frame even though the managed behavioral health care network was never completely in place to serve all of them.

###### Matching Service to Enrollees' Problems

JWA found that provider networks are rarely developed with adequate consideration of expected high incidence of certain disorders. Two landmark studies of incidence and prevalence—the Epidemiologic Catchment Area Study and the National Comorbidity Study—indicate that as many as 80% of the adult population with a behavioral health disorder have one of four major diagnosis or some combination thereof—substance abuse disorders, major depression, anxiety, and phobia. None of the managed care companies JWA audited have built their networks on a research-based rationale of expected patient needs.

Contractor reports on employing minority providers are often overstated. One ploy involved hiring high percentages of Asian and Indian providers who were anxious to build their practices and willing to work for lower fees, as opposed to employing established African Americans providers who would have more closely profiled the culture and ethnicity of the target population.

##### D. CLINICAL ISSUES

JWA found the charts they have audited to reveal a surprisingly high percentage of problems across the full spectrum of service.

Findings	Problem charts (%)
Failure to properly evaluate/diagnose/treat substance abuse cases where a diagnosis of a substance abuse disorder was documented in the chart, or where there were strong indications of the presence of a substance abuse disorder .....	54.8–78.3
Failure to properly evaluate/diagnose/treat psychiatric disorders cases where a psychiatric disorder was documented in the chart or where there were strong indications of the presence of a psychiatric disorder .....	4.3–8.6
Failure to follow up .....	6.3–78.8
Instances in which a patient had not received care within three months of initial contact due to delays in authorization or due to other administrative/clinical problems .....	4.1–26.0

##### E. ADMINISTRATIVE ISSUES

The frequency of administrative problems which had an impact on the delivery of care varied widely among providers. Problems included delays in answering telephone inquiries, failure to authorize care in a timely manner, problems with payment of claims.

Total Problems of Cases: 37% to 86%.

##### F. PATIENT PLACEMENT CRITERIA

JWA audits have shown that the criteria for inpatient, residential, or intensive outpatient treatment is often extremely restrictive. In one audit the provider required an attempt to harm self within the previous 24 hours, or significant action or harm to another person within the previous 24 hours, or significant threatening action to damage property with high lethality in order to receive intensive outpatient care or inpatient care.

Another audit revealed that the criteria for admission to detoxification services put the patient at risk because it included a confirmed diagnosis of addiction plus the presence of delirium tremens. Most experts would agree that a major purpose of detoxification is to prevent DT's, which are life-threatening medical conditions.

Mr. Speaker, the J. Wrich & Associates report causes great concern. While the audit findings cannot be generalized to the entire managed care industry, several audits performed by this company since 1992 have found significant problematic similarities in placement criteria, practice guidelines, network development procedures, and pricing among many of the firms. Currently patients have little protections against the bad mental health care that they often receive.

In the near future, a large number of us will be introducing a Patient Bill of Rights to provide new protections in managed care. Some of the provisions of that bill will help stop the type of abuses and abysmal care documented by the JWA audits. I suspect, Mr. Speaker, that the problems in the mental health and substance abuse sector are so severe, that we will need separate, special legislation to address this sector's unique problems. I am working on such legislation and welcome ideas and suggestions from the provider and patient communities.

#### A TRIBUTE TO DR. WALTER F. LAMACKI, DDS, ON THE OCCASION OF HIS RETIREMENT

#### HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. LIPINSKI. Mr. Speaker, I rise today to pay tribute to an outstanding gentleman who for many years has served the people of my district in the field of dentistry, Dr. Walter F. Lamacki, DDS.

Dr. Lamacki has been practicing dentistry for 35 years, and 24 years have been spent in the town of Burbank, Illinois. However, on March 1, 1998, Dr. Lamacki retired, and his practice will undoubtedly be missed by many people.

Before entering general practice, Dr. Lamacki attended the University of Illinois and Loyola University and served in the United States Army Dental Corp. Over the years, Dr. Lamacki has held numerous positions in the Chicago Dental Society, including the position of President. He has served on several committees of the Illinois State Dental Society and the American Dental Association. Dr. Lamacki also has served on the Board of Governors of Loyola Alumni Dental School and as President of the Loyola Alumni Association.

Dr. Lamacki is a respected member of the Chicago dental community. More importantly, he is a respected member of his community,

both for the service he has given in dentistry and his commitment to civic concerns. He has taken on responsibilities as the President of the Burbank Chapter of the American Cancer Society, as a member of the Burbank Chamber of Commerce, and as a Member of the Palos Gardens Civic Association.

Mr. Speaker, I would like to applaud Dr. Lamacki on behalf of the many people he has treated and befriended in his years of practicing dentistry. I would like to extend my very best wishes for continued success and happiness in retirement and in the years to come.

#### HONORING ROBIN HUNTER-BUSKEY

##### HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 10, 1998*

Mr. TOWNS. Mr. Speaker, I rise today to honor the skill and achievements of Robin Hunter-Buskey. Her contribution to the health care community is incomparable.

A native New York, Robin attended the State University of New York at Stony Brook, where she completed the Physical Therapy and Physicians Assistant Programs. She has practiced in a variety of healthcare settings including: HomeCare, Emergency Medicine, OB/GYN, Substance Abuse, infectious Disease, Rehabilitation, Internal Medicine and Geriatrics. In her current role, Robin brings her urban medicine experience into a growing suburban community.

As a dedicated member of various professional organizations, Robin has been a consultant to the New York State Board for Physical Therapy and a public member of the Board for Professional Medical Conduct. She is a clinical instructor and mentor to physician assistant students, medical students and others interested in the health professions. Also, Robin has given countless hours toward ensuring increased minority recruitment and retention in health professional programs. Though Ms. Hunter-Buskey has moved to North Carolina, I know her work in the community will always be appreciated.

As a mother of two, Veronica and Bennett, family involvement and support has given deeper meaning to Robin's commitment to helping others. Raising a developmental challenged child has helped her provide motivation for others.

Mr. Speaker, please join me in congratulating Robin Hunter-Buskey for all of her achievements, for being a woman who dares to be different, and for showing young women everywhere that they can do and accomplish anything.

#### THE INTRODUCTION OF THE "DEPARTMENT OF JUSTICE VACANCIES CLARIFICATION ACT OF 1998"

##### HON. HENRY J. HYDE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 10, 1998*

Mr. HYDE. Mr. Speaker, today I am introducing the "Department of Justice Vacancies Clarification Act of 1998." This legislation will

end the practice of appointing acting personnel for indefinite periods of time to important jobs in the Department of Justice. For too long, the Department of Justice has used this method to evade the political accountability provided by the Senate confirmation process.

In 1988, Congress reenacted the Vacancies Act to prevent the filling of Executive Branch positions with acting personnel for long periods. Generally speaking, the Vacancies Act says that a person may serve as an acting head of an office for no more than 120 days. 5 U.S.C. § 3348. (These times are tolled while a nomination is pending or when Congress has adjourned sine die.)

Most organic statutes for government departments have language that says the head of the agency may delegate his functions to anyone within the Department. See, e.g., 28 U.S.C. §§ 509–10 (language for the Department of Justice). Both Democrats and Republicans in the Executive Branch have interpreted this kind of language to be an alternative method of filling vacancies that is not subject to the 120-day period provided in the Vacancies Act. That interpretation effectively nullifies the Vacancies Act.

The Department of Justice Vacancies Clarification Act of 1998 would make it clear that the general language in the Department of Justice statute is not intended to override the Vacancies Act and that the Vacancies Act is the only method for filling vacancies in the Department of Justice.

In addition, to insure that the language is not ignored, the Act provides that when any acting person serves beyond the time provided in the Vacancies Act, the United States Circuit Court of Appeals for the District of Columbia Circuit will step in to appoint someone to fill the job until someone is nominated and confirmed. The Court could not appoint a person who had previously served as an acting head for that particular vacancy or a person who was nominated, but did not get confirmed. This is similar to language that already exists with respect to United States Attorney positions. 28 U.S.C. § 546. My intent is not so much that the Court ought to make such appointments, but to give the Executive Branch an incentive not to let the time lapse.

I believe that this legislation will clarify the law, vindicate our system of checks and balances, and be to the advantage of all concerned. I hope that all of my colleagues will support it.

#### WHY IT MATTERS

##### HON. MICHAEL G. OXLEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 10, 1998*

Mr. OXLEY. Mr. Speaker, for those who missed it, I would like to bring an opinion piece from the March 6th Wall Street Journal to the attention of my colleagues. William J. Bennett has once again provided an insightful analysis on recent developments in the White House that demands the consideration of Congress and the American people.

Mr. Speaker, I commend the following column by Mr. Bennett to the attention of all interested parties.

[From the Wall Street Journal, Mar. 6, 1998]

#### WHY IT MATTERS

(By William J. Bennett)

In the matter of Bill Clinton and Monica Lewinsky, almost everything points to the conclusion that something unseemly happened: the tapes; Ms. Lewinsky's 37 visits to the White House; Mr. Clinton's morning-after-the-deposition meeting with his secretary, Betty Currie; the gifts; the talking points; Vernon Jordan's many activities; the job offer from United Nations Ambassador Bill Richardson; the president's stonewalling; his initial, unconvincing denial; his refusal to explain what happened; Press Secretary Mike McCurry's remark that the relationship is probably "very complicated"; and White House surrogates' declaration of "war" against the independent counsel.

Nevertheless, many Americans think the scandal—even if true—is either "none of our business" or not worth the effort to inquire about. This apparent indifference is surprising and unsettling. It is therefore important to respond to the most common arguments made by those who believe that a president's sexual involvement with a 21-year-old intern, and the ensuing suspected coverup, are essentially irrelevant to our national life:

We shouldn't be judgmental. At a recent speech before an organization of religious broadcasters, I criticized the president's unwillingness to explain what happened in the Lewinsky matter. A member of the audience took me to task for "casting stones." I responded that it shows how far we have fallen that asking the president to account for possible adultery, lying to the public, perjury and obstruction of justice is regarded as akin to stoning. This is an example of what sociologist Alan Wolfe refers to as America's new "Eleventh Commandment: Thou shalt not judge."

#### LOST ITS WAY

Even the Rev. Billy Graham declared yesterday: "I forgive him. . . . I know how hard it is, and especially a strong, vigorous, young man like he is; he has such a tremendous personality. I think the ladies just go wild over him." Mr. Graham, perhaps the nation's most admired religious figure, apparently is willing to shrug off both adultery and lying, without any public admission or apology on Mr. Clinton's part. This is what the theologian Dietrich Bonhoeffer called "cheap grace."

All of us are in favor of tolerance and forgiveness. But the moral pendulum in America has swung too far in the direction of relativism. If a nation of free people can no longer make clear pronouncements on fundamental matters of right and wrong—for example, that a married, 50-year-old commander-in-chief ought not to have sexual relations with a young intern in his office and then lie about it—it has lost its way.

The problem is not with those who are withholding judgment until all the facts are in, but with the increasing number of people who want to avoid judgment altogether. For it is precisely the disposition and willingness to make judgments about things that matter that is a defining mark of a healthy democracy. In America we do not defer to kings, cardinals or aristocrats on matters of law and politics, civic conduct and moral standards. We rely instead on the people's capacity to make reasonable judgments based on moral principles. Our form of government requires of us not moral perfection but modest virtues, and adherence to some standards. How high should those standards be? Certainly higher than the behavior alleged in this case.